

## **Telecommunications Service Request** (TSR) Form

## The VITA TSR form can be submitted by:

E-mail at TCS@vita.virginia.gov.

Fax: (804) 371-6343

Mailing address: 11751 Meadowville Lane, Chester, VA 23836 ATTN: TCS Order Processing

Agency Information	n		
Date:			
Agency/Activity Code	: Agenc	У	
Agency Telecommuni	cations Coordinator:		
Address:			
City:	State:	Zip Code:	
Tel. No.:		Fax:	
Agency Log NO.:			
Location of Reques	ted Service		
Address:			
City:	State:	Zip Code:	
Contact:			
Tel. No.:		Fax:	
Account No. (if billed	directly by Telco:		
WTA uso only			
VITA use only			
OGTS:	<i>LG:</i>		
		ler Writer:	

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Instructions to VITA/Telco/Vendor. Note: Changes to this TSR form are not authorized.		
Requested date due:		
Service requested as follows:		
Approved:		
	Agency Fiscal Officer	

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